

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering

Yourself (Go to Section 2 - Patient details)

Someone else

Only provide your details if you are registering someone else.

2 Your name

3 Your relationship to the person you are registering

4 Your contact phone number



You can help save lives as a blood or organ donor. Become someone's lifeline. Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

1 Title	13 Name and address of UK GP surgery you registered with
2 First name	Postcode
3 Last name	14 Have you ever lived somewhere else in the UK? Yes No
4 Middle name (if you have one)	15 Last address in the UK Postcode
5 Previous last name	The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.
6 Date of birth DD MM YYYY	16 Home phone number
7 What is your sex as recorded on your NHS record? Female Male Intersex Not specified or known	17 Mobile phone number
8 NHS number (if you have it)	18 Email address
9 Village, town or city of birth	19 Name of emergency contact
10 Country of birth	20 Phone number of emergency contact
11 Current address Postcode No fixed address	21 Their relationship to you
12 What postcode did you give to the last GP surgery you registered with?	22 Name of next of kin
	23 Phone number of next of kin
	24 Their relationship to you

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- England Northern Ireland Wales
 Isle of Man Scotland Outside the UK

2 Where was the mother living when the baby was born?

.....
.....
.....
.....
Postcode

For patients under 18 years

1 Do you attend any of the following?

- School Nursery Home school
 None of these

2 Address

.....
.....
.....
.....
Postcode

3 Are any of these involved in your care?

- Hospital specialist Health worker
 Social worker None of these

4 Have you had all your routine vaccinations?

- Yes No Don't know

5 Did you get your routine vaccinations in the UK?

- Yes No Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- English, Welsh, Scottish, Northern Irish or British
 Irish Gypsy or Irish Traveller

Any other White background

.....

(B) Mixed or multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed or Multiple ethnic background

.....

(C) Asian or Asian British

- Indian Pakistani Bangladeshi
 Chinese

Any other Asian background

.....

(D) Black/African/Caribbean/British

- African Caribbean

Any other Black, African or Caribbean background

.....

(E) Other ethnic group

- Arab

Any other ethnic group

.....

- Prefer not to say

Section 4 - Additional information

2 Have you registered with a UK GP before?

Yes No

3 If you have moved to the UK, what date did you arrive?

4 Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?

Yes No Prefer not to say

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 Do you need an interpreter for your appointments?

Yes No

6 What language?

British Sign Language (BSL)

7 Are you a carer?

Yes No

8 What is your relationship to the person you are caring for?

9 What type of carer are you?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

10 Do you have a carer?

Yes No

11 What is your relationship to your carer?

12 What type of carer are they?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

13 Carer's contact telephone number

14 What pharmacy do you want your prescriptions sent to?

Pharmacy address

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you

15 Do you live more than 1 mile from your nearest pharmacy?

Yes No

16 Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?

Yes No

Do you want important information from your GP record to be available to other health and care professionals?

Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record.

Yes, share a Summary Care Record with additional information

Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations

Yes, share a Summary Care Record without additional information

Includes details of your medicines, allergies and adverse reactions only

No, do not share a Summary Care Record

Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

1 Have you ever had any of these conditions?

- Alzheimer's disease or dementia
- Asthma Cancer Diabetes
- Epilepsy Heart disease
- High blood pressure (hypertension)
- Stroke Thyroid disease

2 What best describes you?

- I smoke I used to smoke
- I have never smoked Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- Never Monthly or less
- 2 to 4 times a month 2 to 3 times a week
- 4 or more times a week Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- Never Less than monthly
- Monthly Weekly Daily or almost daily
- Prefer not to say

8 What is your weight?

Kilograms Or Stone Pounds

9 What is your height?

Centimetres Or Foot Inches

10 Allergies

11 Mental health conditions

Section 5 - Patient health (continued)

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes

No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

- I understand I may have to pay for NHS treatment outside of the GP practice.
- I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- I do not know if I have to pay for treatment.

Application for Online Access

With Patient Access, you can now access your local GP services at home, work or on the move — wherever you can connect to the internet. You can use either your desktop or a Mobile app to use the service. Because Patient Access is a 24 hour online service you can do this in your own time, day or night.

Patient Access allows patients to:

- Book an appointment with a Doctor. Single appointments only and no Nurse Appointments
- Order repeat prescriptions.

Please complete all the sections below **clearly and in capitals** and sign to confirm you have read the conditions of use. Your registration details will be sent to you by post.

- photo ID and proof of address, for example, a passport or driving licence and a bank statement or council tax statement
- If the patient has no ID but is well known to the surgery, a member of staff may be able to confirm their identity.

Name _____ Date of Birth _____

Address: _____

Phone No _____ Mobile No: _____

Email address: _____

Would you like to receive occasional emails with information about the Patient Participation Group?

YES NO

Conditions of use

- You must ensure that your Patient Access log in details remain confidential.
- Applications are "one per patient" and only for those over the age of 16. Access by one member of a family does not enable access for other family members.
- An appointment booked online must be cancelled by the patient as soon as the appointment is no longer required. We retain the right to withdraw access to the service from those who seem to be abusing the system by booking appointments which they do not attend or frequently cancel just before the time of the appointment which means we cannot give the appointment to someone else.
- If you change surgeries, you will need to register again for online services at your new surgery.

Signature: _____ Date: _____

